

EXHIBIT 78

United States



of America

Department of the Treasury
Internal Revenue Service

September 7, 2021

CERTIFICATE OF OFFICIAL RECORD

I certify that the annexed: is a true copy of the Form 1040X, Amended U.S. Individual Income Tax Return, received on March 30, 2018, for John B. Wilson, SSN: [REDACTED] and spouse, Leslie Q. Wilson, SSN: [REDACTED] for the tax period ending December 31, 2014, consisting of sixteen (16) pages _____

under the custody of this office.

United States District Court
District of Massachusetts

TRIAL EXHIBIT

501A

Case No. 19-CR-10080-NMG



IN WITNESS WHEREOF, I have hereunto set my hand, and caused the seal of this office to be affixed, on the day and year first above written.

By the direction of the Secretary of the Treasury:

Jay Elton, Supervisory Investigative Analyst
Internal Revenue Service – Criminal Investigation
Delegation Order 11-5

Form 1040X

Department of the Treasury - Internal Revenue Service
Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. December 2014)

► Information about Form 1040X and its separate instructions is at www.irs.gov/form1040X.

This return is for calendar year

 2014 2013 2012 2011

Other year. Enter one: calendar year

or fiscal year (month and year ended):

Your first name and initial

Last name

Your social security number

JOHN B

WILSON

██████████

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

LESLIE Q

WILSON

██████████

Current home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

155 IRVING AVENUE

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

HYANNISPORT

MA

02647

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. Caution. In general, you cannot change your filing status from joint to separate returns after the due date.

Full-year coverage.

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."
(See instructions.)

Single

Qualifying widow(er)

Married filing separately

Head of household (If the qualifying person is a child but not your dependent, see instructions.)

 Yes No

Use Part III on the back to explain any changes

Income and Deductions

	A. Original amount or as previously adjusted (see instructions)	B. Net change-amount of increase or (decrease)-explain in Part III	C. Correct amount
1 Adjusted gross income. If net operating loss (NOL) carryback is included, check here ►	2,548,301.	66,412.	2,614,713.
2 Itemized deductions or standard deduction.	489,952.	-3,008.	486,944.
3 Subtract line 2 from line 1.	2,058,349.	69,420.	2,127,769.
4 Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29.		NONE	NONE
5 Taxable income. Subtract line 4 from line 3.	2,058,349.	69,420.	2,127,769.

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions):

SCH. D

6	649,577.	27,490.	677,067.
7	477,765.	483.	478,248.
8	171,812.	27,007.	198,819.
9			
10	30,810.	602.	31,412.
11 Total tax. Add lines 8, 9, and 10.	202,622.	27,609.	230,231.

Payments

12 Federal income tax withheld and excess social security and tier 1 FRTA tax withheld (if changing, see instructions).	RECEIVED APR 04 2018	326,206.	598.	326,804.
13 Estimated tax payments, including amount applied from prior year's return.		07/30		123,050.
14 Earned income credit (EIC).	03/3	07/2018	07/2018	07/2018
15 Refundable credits from:	Schedule 8812 Form(s) 2439 1136			
5405 8801 8812 (2011) 8839 8863 8885				
8962 or other (specify):				
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed.				NONE
17 Total payments. Add lines 12 through 16.				244,498.54

Refund or Amount You Owe (Note. Allow up to 16 weeks for Form 1040X to be processed.)

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18	246,634.
19 Subtract line 18 from line 17 (if less than zero, see instructions).	19	203,220.
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference.	20	27,011.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return.	21	
22 Amount of line 21 you want refunded to you.	22	
23 Amount of line 21 you want applied to your (enter year): estimated tax [23]		

Complete and sign this form on Page 2.

For Paperwork Reduction Act Notice, see Instructions.

Form 1040X (Rev. 12-2014)

JSA
4A0180 2.000

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*INTEREST: \$3,093

NOT TCB

USAO-VB-01720829

AS AMENDED

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2014

Attachment
Sequence No. 07

Name(s) shown on Form 1040

JOHN B WILSON & LESLIE O WILSON

Your social security number [REDACTED]

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.	
	1 Medical and dental expenses (see instructions)	1
	2 Enter amount from Form 1040, line 38	2
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes	STMT. A.
	6 Real estate taxes (see instructions)	6
	7 Personal property taxes	7
	8 Other taxes. List type and amount ►	8
	9 Add lines 5 through 8	9
	10 Home mortgage interest and points reported to you on Form 1098	10
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11
	12 Points not reported to you on Form 1098. See instructions for special rules	12
	13 Mortgage insurance premiums (see instructions)	13
14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
15 Add lines 10 through 14	15	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . SEE. STATEMENT. A.	16
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .	17
	18 Carryover from prior year	18
	19 Add lines 16 through 18	19
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20
	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21
Job Expenses and Certain Miscellaneous Deductions	22 Tax preparation fees	22
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►	23
	SEE STATEMENT 5	24
	24 Add lines 21 through 23	24
	25 Enter amount from Form 1040, line 38	25
	26 Multiply line 25 by 2% (.02).	26
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ►	28
	29 Is Form 1040, line 38, over \$152,525? SEE STMT 6 <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29
Total Itemized Deductions	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ►	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.
JSA
4A1400 2,000

Schedule A (Form 1040) 2014

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